

CERTIFICATION

I, the official named below, CERTIFY UNDER PENALTY OF PERJURY that I am duly authorized to legally bind the prospective Contractor to the clause(s) listed below. This certification is made under the laws of the State of California.

<i>Contractor/Bidder Firm Name (Printed)</i> San Bernardino County Department of Public Health	<i>Federal ID Number</i> 95-6002748
<i>By (Authorized Signature)</i> 	
<i>Printed Name and Title of person Signing</i> Dennis Hansberger, Chairman, Board of Supervisors	
<i>Date Executed</i> 	<i>Executed in the County of</i> San Bernardino

CONTRACTOR CERTIFICATION CLAUSES

1. STATEMENT OF COMPLIANCE: contractor has, unless exempted, complied with the nondiscrimination program requirements. (GC 12990 (a-f) and CCR, Title 2, Section 8103) (Not Applicable to public entities.)

2. DRUG-FREE WORKPLACE REQUIREMENTS: contractor will comply with the requirements of the Drug-Free Workplace Act of 1990 and will provide a drug-free workplace by taking the following actions:

a. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited and specifying actions to be taken against employees for violation.

b. Establish a Drug-Free Awareness Program to inform employees about:

- 1) the dangers of drug abuse in the workplace;
- 2) the person's or organization's policy of maintaining a drug-free workplace;
- 3) any available counseling, rehabilitation and employee assistance programs; and,
- 4) penalties that may be imposed upon employees for drug abuse violations.

c. Every employee who works on the proposed Agreement will:

- 1) receive a copy of the company's drug-free workplace policy statement; and,
- 2) agree to abide by the terms of the company's statement as a condition of employment on the Agreement.

Failure to comply with these requirements may result in suspension of payments under the Agreement or termination of the Agreement or both and Contractor may be ineligible for award of any future State agreements if the department determines that any of the following has occurred: (1) the Contractor has made false certification, or violated the certification by failing to carry out the requirements as noted above. (GC 8350 et seq.)

3. NATIONAL LABOR RELATIONS BOARD CERTIFICATION: contractor certifies that no more than one (1) final unappealable finding of contempt of court by a Federal court has been issued against Contractor within the immediately preceding two-year period because of Contractor's failure to comply with an order of a Federal court which orders Contractor to comply with an order of the National Labor Relations Board. (PCC 10296) (Not applicable to public entities.)

4. UNION ORGANIZING: Contractor hereby certifies that no request for reimbursement, or payment under this agreement, will seek reimbursement for costs incurred to assist, promote or deter union organizing.

DOING BUSINESS WITH THE STATE OF CALIFORNIA

The following laws apply to persons or entities doing business with the State of California.

1. CONFLICT OF INTEREST: contractor needs to be aware of the following provisions regarding current or former state employees. If Contractor has any questions on the status of any person rendering services or involved with the Agreement, the awarding agency must be contacted immediately for clarification.

Current State Employees (PCC 10410):

- 1). No officer or employee shall engage in any employment, activity or enterprise from which the officer or employee receives compensation or has a financial interest and which is sponsored or funded by any state agency, unless the employment, activity or enterprise is required as a condition of regular state employment.
- 2). No officer or employee shall contract on his or her own behalf as an independent contract with any state agency to provide goods or services.

Former State Employees (PCC 10411):

- 1). For the two-year period from the date he or she left state employment, no former state officer or employee may enter into a contract in which he or she engaged in any of the negotiations, transactions, planning, arrangements or any part of the decision-making process relevant to the contract while employed in any capacity by any state agency.
- 2). For the twelve-month period from the date he or she left state employment, no former state officer or employee may enter into a contract with any state agency if he or she was employed by the state agency in a policy-making position in the same general subject area as the proposed contract within the 12-month period prior to his or her leaving state service.

If Contractor violates any provisions of above paragraphs, such action by Contractor shall render this Agreement void. (PCC 10420)

Members of boards and commissions are exempt from this section if they do not receive payment other than payment of each meeting of the board or commission, payment for preparatory time and payment for per diem. (PCC 10430 (e))

2. LABOR CODE/WORKERS' COMPENSATION: Contractor needs to be aware of the provisions which require every employer to be insured against liability for Worker's Compensation or to undertake self-insurance in accordance with the provision, and Contractor affirms to comply with such provisions before commencing the performance of the work of this Agreement. (Labor Code Section 3700)

3. AMERICANS WITH DISABILITIES ACT: Contractor assures the State that it complies with Americans with Disabilities Act (ADA) of 1990, which prohibits discrimination on the basis of disability, as well as all applicable regulations and guidelines issued pursuant to the ADA. (42 U.S.C. 12101 et seq.)

4. CONTRACTOR NAME CHANGE: An amendment is required to change the Contractor's name as listed on this Agreement. Upon receipt of legal documentation of the name change the State will process the amendment. Payment of invoices presented with a new name cannot be paid prior to approval of said amendment.

5. CORPORATE QUALIFICATIONS TO DO BUSINESS IN CALIFORNIA:

- a. When agreements are to be performed in the state by corporations, the contracting agencies will be verifying that the contractor is currently qualified to do business in California in order to ensure that all obligations due to the state are fulfilled.
- b. "Doing business" is defined in R&TC Section 23101 as actively engaging in any transaction for the purpose of financial or pecuniary gain or profit. Although there are some statutory exceptions to taxation, rarely will a corporate contractor performing within the state not be subject to the franchise tax.

c. Both domestic and foreign corporations (those incorporated outside of California) must be in good standing in order to be qualified to do business in California. Agencies will determine whether a corporation is in good standing by calling the Office of the Secretary of State.

6. RESOLUTION: A county, city, district, or other local public body must provide the State with a copy of a resolution, order, motion, or ordinance of the local governing body which by law has authority to enter into an agreement, authorizing execution of the agreement.

7. AIR OR WATER POLLUTION VIOLATION: Under the State laws, the Contractor shall not be: (1) in violation of any order or resolution not subject to review promulgated by the State Air Resources Board or an air pollution control district; (2) subject to cease and desist order not subject to review issued pursuant to Section 13301 of the Water Code for violation of waste discharge requirements or discharge prohibitions; or (3) finally determined to be in violation of provisions of federal law relating to air or water pollution.

8. PAYEE DATA RECORD FORM STD. 204: This form must be completed by all contractors that are not another state agency or other government entity.

ORGANIZATIONS ASSSISTING IN REACHING IMMUNIZATION GOALS
SAN BERNARDINO COUNTY
2003-2004

A varied group of organizations concerned with children's health issues and committed to the community will work with the San Bernardino County Department of Public Health on the achievement of immunization goals during the next year. In addition to individual efforts and relationships to further immunization assistance San Bernardino County staff support an immunization coalition whose primary focus is currently related to building the two county (Riverside & San Bernardino) immunization registry, the Inland Empire Immunization Tracking System (IEITS) which has been re-named Vaxtrack. Immunization program staff also works extensively with private providers of immunization services both to improve standards of practice, disseminate information and keep providers up to date on immunization news.

Coalition Activity

The San Bernardino County Immunization coalition grew out of the working committee, which assisted in building the local immunization registry. At the current time the coalition meeting quarterly with organizations from both Riverside and San Bernardino counties to enhance the IEITS. At the meetings there is also discussion of immunization issues, distribution of materials and planning of common events. Two important partners in immunization education activities are the two Medi-Cal managed care plans that serve San Bernardino County, the Inland Empire Health Plan (IEHP) and Molina Medical. These plans have supported efforts to increase immunization rates within the county and organize events for providers around immunization issues. The health plans also sponsor trainings related to immunizations.

The coalition intends to expand private provider participation in Vaxtrack and increase community support for immunization activities. Member organizations listed below contribute in different ways to enhancing immunization activities in San Bernardino County. The coalition brings together immunization providers, community groups who support immunization efforts, large organizations such as health plans and hospitals. There are also two geographic specific coalitions, which plan and host immunization events within their communities. These two coalitions, the High Desert Toddler Immunization Coalition (HDTIC) and Kids Come First Coalition (KFC) bring together community organizations from their areas to offer evening or weekend immunization events for working parents.

San Bernardino County also supplies a variety of outside agencies with vaccine in order to reach special populations and to broaden the reach of immunization services. These providers agree to administer vaccines to eligible children at no charge or for a minimal charge with individuals trained to minimize missed opportunities at their site. Providers include those who serve difficult to reach populations such as high-risk youth, un or under-insured children, low income preschool and day care participants, isolated

geographic communities and students. These providers offer ongoing services on a regular basis in order to ensure clients the chance to complete their immunization series at their facility. Some providers offer services during evening and weekend hours in addition to normal business hours. The providers also help distribute information about immunizations and special immunization activities to their communities and constituencies. This list does not reflect all of the provider to whom the county offers vaccines for special one-time events such as the Annual Kids' Care Fairs or other community events. The number of these providers shrink as more of them enroll as regular VFC providers with the California Department of Health Services Program.

Health Plans

Inland Empire Health Plan
Molina Medical Inc.
Kaiser Permanente Medical Group
Inter Valley Health Plan

Immunization Providers

Desert Valley Medical Group	Dr. Truong
Inland Empire Community Health Center	Dr. Tribuwan
Loma Linda Child & Adolescent Clinic	Gente Medical Clinic
SACHS Clinics	Mill Medical Clinic
San Manuel Indian Health Clinic	Dr. Saphyakhajon
The Urgent Care Rancho Cucamonga	Family Support Services-Home Run
Dr. Vo Pediatrics	LLU Family Medical Group Inc.
Child Unified School District Clinic	Loma Linda University Health Care
Colton Valley Medical Group	Dr. Sumalangcay
Loma Linda Community Medical Group	Dr. Demola
Fort Irwin Medical Services	Kids Come First
Medical Services-Juvenile Hall	Ontario Family Medical Clinic
US Family Care Medical Group	Dr. Murthy
LaSalle Pediatrics	Dr. Krider
St. Joseph's Pediatric Group	Foothill Pediatrics
St. Helen's Pediatric Group	Dr. Vargas
Mt. Vernon	Happy Care
LaSalle Medical-Hesperia	Inland Faculty Medical Group
San Bernardino Medical Group	Dr. Vega
Central Pediatrics Medical Group	California Medical Clinic
Family Medical Clinic	Family Practice Associates
San Bernardino City Unified School District Clinic	Ecclesia Christina Fellowship
Inland Behavioral Services	Colorado River Health Services
IHCG Dr. Nguyen	Dr. Nashed
IHCG Dr. Dhabuwala	Medical Group of Chino Hills
IHCG Dr. Patel	Women & Children Health Associates
IHCG Dr. Allen	Montclair Family Care
IHCG Dr. Sowell	Theodora Ewusi-Mensah, MD
	Douglas Ballaine DO

Dr. Leena Sheth
Dr. Zui-Shiang Wang

Dr. Gilbert Zini
Beaver Medical Group

Hospitals

St. Mary Regional Medical Center-Bright Futures
Redlands Community Hospital
ARMC Ambulatory Services & Clinics
Desert Valley Medical Center
San Bernardino Community Hospital
Kasier Permanente Hospital, Fontana
Loma Linda University Medical Center & Children's Hospital
Victor Valley Community Hospital
Barstow Community Hospital

Community Organizations

Rancho Cucamonga Rotary
Rialto Kiwanis
Victorville Rotary
Colton Kiwanis
Barstow Rotary
Apple Valley Kiwanis
Greater San Bernardino Kiwanis
Barstow Kiwanis
Ontario Sunrise Kiwanis
Rotary West End

Upland Kiwanis
Loma Linda University School of Public Health
Children's Network
Child Development Services-San Bernardino County
Office of Congressman Joe Baca
YWCA-Ontario
San Bernardino County Medical Society
San Bernardino County CHDP Program

Outside Providers

San Bernardino Unified School District
San Bernardino Valley College
St Mary Regional Medical Center
Fontana Unified School District
Inland Empire Job Corps Center
Loma Linda University-Student Health
Alta Loma Medical (Urgent Care) Center
Chaffey College Student Health
Crafton Hills College
Rialto Unified School Health Center
Healthy Start Programs

Chino Valley Unified School District
CS University-San Bernardino
Ecclesia Christian Fellowship
Hesperia Unified School District
Kids Come First
Westside Park School Health Center
Family Solutions-Ontario
San Bernardino County Reproductive Health Program
Home Run Program

EXHIBIT A
Scope of Work

Contractor agrees to provide to the Department of Health Services (DHS) the services described herein:

Section 120325-120380 of the Health & Safety Code, Chapter 435, requires immunizations against childhood diseases prior to school admittance. Health Officers are required to organize and maintain a program to make the required immunizations available. This contract assists the Contractor in defraying costs of the program which supports the State's objectives to control diseases that are preventable by vaccines. It is the Department of Health Services' responsibility to provide this assistance to the local health jurisdiction. The Contractor is to conduct a general immunization program which provides rubella, measles, mumps, polio, diphtheria, tetanus, pertussis, haemophilus influenzae b, varicella, and hepatitis B vaccines to the general public. In addition, the Contractor identifies target population in need of Immunizations and initiates corrective action to improve immunization levels.

The Services shall be performed at applicable facilities in the County of San Bernardino ..

The services shall be provided during County working hours and days.

The project representatives during the term of this agreement will be:

Department of Health Services

Contractor

Name:

Name:

Telephone:

Telephone:

Fax:

Fax:

Direct all inquiries to:

Department of Health Services:

Contractor

Immunization Branch

County of

Attention:

Attention:

2151 Berkeley Way, Room 712

Address

Berkeley, CA 94704

Address

Telephone:

Telephone:

Fax:

Fax:

Either party may make changes to the information above by giving written notice to the other party. Said changes shall not require an amendment to this agreement.

EXHIBIT A
Scope of Work

1. SERVICES TO BE PERFORMED – Pediatric-IAP-Hepatitis B

The Contractor must agree to the following inclusive objectives and conduct the following activities. Please note that many of these services to be performed are also objectives and activities required by the Federal Government and are conditions for funding of the California Immunization Program and/or statutory requirements of State and local health departments. The level of subvention contract funding to be awarded is not represented as sufficient for support of all the required activities; a significant amount of local support and funding is expected. Subvention contract funds must not be used to supplant (i.e., replace) local funds currently being expended for routine immunization services and activities. Subvention funds can only be used for the activities outlined in the budget justification.

A. Objectives:

- 1) Raise to (or maintain) immunization levels of 95% or greater for each of the legally required immunizations among all kindergarten entrants, incoming transfer students to schools, and entrants into child care centers within the Contractor's jurisdiction.
- 2) By the year 2005, 90% of two-year-olds within the Contractor's jurisdiction should be vaccinated with one dose of measles, mumps, and rubella (MMR) vaccine, three doses of polio vaccine, at least four doses of diphtheria, tetanus, and pertussis (DTP) vaccine, three doses of *Haemophilus influenzae* type b (Hib) vaccine, three doses of hepatitis b vaccine, and one dose of varicella vaccine.
- 3) Through prevention, surveillance and outbreak control, reduce, and if possible eliminate, illness, disability and death due to vaccine preventable diseases such as polio, diphtheria, tetanus, pertussis, measles, rubella, mumps, hepatitis B, hepatitis A, *Haemophilus influenzae* Type b, and varicella within the Contractor's jurisdiction.
- 4) Establish and/or maintain an effective reminder/recall system for clinic patients which includes the following elements:
 - a. Reminder system (postcard, telephone call, or auto dialer)
 - b. Follow up recall notices for no-shows
 - c. Simple tracing procedures for missing clients
 - d. Written protocol
- 5) Inform and educate health care providers, school staff, child care community, and the general public about the need for scheduled timely immunizations of children and adults.

B. Specific Activities:

1) Program Management

- a. Contractor agrees to assign one or more staff the responsibility of monitoring each program activity 1) Program Management; 2) Service Delivery; 3) Population Assessment; 4) Surveillance and Outbreak Control; 5) Provider Quality Assurance; 6) Consumer Information; 7) Immunization Registries; and 8) Vaccine Management.
- b. Contractor agrees to coordinate program planning and implementation of strategies to improve immunization coverage rates of the population with local public and private agencies, e.g., WIC, CHDP, CALWORKS, Healthy Families, medical societies, non-profit community based organizations, and other public agencies serving adults and children located in the health jurisdiction.

EXHIBIT A
Scope of Work

2) Service Delivery

- a. Public immunization clinic policies and practices shall be in general accordance with the current recommendations approved by the U.S. Public Health Service and endorsed by the American Academy of Pediatrics (AAP) as specified in the "Standards for Pediatric Immunization Practices. Appropriate in-service training for public clinic staff shall be instituted to assure compliance with the Standards.
- b. Within the health jurisdiction, the Contractor shall ensure those medically underserved children, adolescents and adults utilize a medical home to facilitate continuity of care, including receipt of all recommended immunizations.
- c. Within the health jurisdiction, the Contractor shall implement and maintain immunization clinic reminder/recall systems among all public medical providers, who receive state-supplied vaccines, to improve age-appropriate immunizations of preschool-age children.
- d. Public health clinics with a CASA (4 DTP, 3 polio, 1 MMR, 3 Hib and 3 Hepatitis B) rate below 40% should achieve a 25% improvement; public health clinics with rates between 40% and 49% should achieve a 15% improvement; public health clinics with rates between 50% and 69% should achieve a 10% improvement; and public health clinics with rates between 70% and 85% should achieve a 5% improvement.

3) Population Assessment

- a. In accordance with the guidelines and timetables provided by the Immunization Branch, the Contractor shall coordinate the assessment of the immunization levels of child care centers, Head Start Centers, kindergarten, and 7th grade entrants.
- b. In coordination with Immunization Branch Field Representatives, local health authorities and local child care center and school authorities, the Contractor must make efforts to ensure that all (100%) child care centers, Head Start centers and schools fully enforce existing regulations pertaining to the immunization of children admitted to such institutions.
- c. In accordance with the guidelines and timetables provided by the Immunization Branch, the Contractor shall conduct selective review assessments of randomly selected child care centers, Head Start centers and schools to ensure enforcement of existing immunization regulations pertaining to the immunization of children admitted to such institutions.

4) Surveillance and Outbreak Control

- a. Contractor shall establish and maintain an effective system for identification and reporting of suspect, probable and confirmed cases of vaccine preventable diseases (VPDs). Sources of surveillance information should include practicing physicians, licensed laboratories, outpatient clinics, hospitals, schools, child care centers and Head Start centers. As necessary, contractor shall conduct enhanced, active surveillance in communities where a VPD is prevalent.
- b. Investigation and Control of VPDs
 - i. Investigation of all reported suspect, probable and confirmed VPDs shall be initiated in accordance with the guidelines and timetables provided by the Immunization Branch.
 - ii. Outbreak control procedures for the VPDs shall be initiated in accordance with the guidelines and timetables of the Immunization Branch.

EXHIBIT A
Scope of Work

- c. Contractor shall participate in the national Vaccine Adverse Events Reporting System (VAERS) for follow up of adverse events following immunizations in accordance with current Immunization Branch guidelines.

5) Provider Quality Assurance

- a. Assure that health care providers within the jurisdiction are knowledgeable and competent in immunization practices. Provide and/or promote training opportunities. Such opportunities may include live training/educational courses, distance learning satellite courses, grand rounds and medical meeting presentations, seminars, health officer newsletters, exhibits, workshops, in-service training, medical assistant training, provider site visits, and distribution of informational, educational, or practice management materials to physicians in practice.
- b. Annually, within the health jurisdiction, the Contractor shall review immunization records of select public clinics that receive state-supplied vaccine. The sampling technique and immunization clinic record methodology must be compatible with the methodology of the Immunization Branch of the California Department of Health Services.
- c. As funding permits, the Contractor shall conduct quality assurance reviews and record assessments of private health care providers enrolled in the California Vaccines for Children Program.

6) Consumer Information

- a. To reach families in the community and reduce ethnic disparities in immunization rates, the Contractor will promote and implement outreach activities through partnerships, coalitions, and collaboration with community groups, childcare providers, and culturally specific organizations.
- b. The Contractor will ensure that each maternity hospital within the jurisdiction has a new mother education program. Types of programs include distribution of the Hallmark Card, distribution of pertinent languages of Parent's Love Cards, and Baby Track-type reminder programs. Including immunization information in Registrar of Births mailing to new mothers also is encouraged.

7) Immunization Registries

- a. As funding permits, design and construct an immunization registry in accordance with the 12 CDC - DHS Immunization Branch 12 functional standards of operation.
- b. As funding permits, collaborate with provider organizations and other stakeholders in the registry's catchment area to assist with provider recruitment, planning and implementation.
- c. As funding permits and once registry is operational, increase the percentage of public and private provider sites participating in the registry.

8) Vaccine Management

The contractor receiving vaccine purchased with State of California/Federal funds, herein called State purchased vaccines, agrees to the following terms and conditions.

- a. Prior to receipt of an immunization, all patients (or their parents or legal guardians) must be:

EXHIBIT A
Scope of Work

- i. screened in accordance with the federal Centers for Disease Control and Prevention (CDC) and Health Care Finance Administration (HCFA) requirements to determine their eligibility for receipt of vaccine from the federal Vaccines for Children Program;
- ii. provide a copy of the current "Vaccine Information Statement" for each vaccine dose to be administered (in the case of hepatitis B vaccine given to newborn infants this can be provided to the mother during prenatal care or within 12 hours after delivery);
- iii. provided a reasonable opportunity to read the "Vaccine Information Statement(s)";
- iv. provided an opportunity to ask questions and have questions answered concerning the benefits and risks of each immunization;
- v. specifically asked if they understand the information provided to them and if they have any questions;
- vi. given a telephone number to call should the patient become ill and have to visit a physician, clinic or hospital within the 28 days following the immunization;
- vii. provided the authorized appropriate translations of the "Vaccine Information Statements" if English is not their first language and their language is one for which the State has made translations available.

The Immunization Branch will supply to all local health departments camera-ready copies and/or a supply of the "Vaccine Information Statements" in English and Spanish. In addition, should a sufficient need exist, the Immunization Branch will arrange for authorized translations and provide camera-ready copies and "Vaccine Information Statements" in other languages.

- b. Health care providers must make notation in each patient's permanent medical record at the time the "statements" are provided. For health care providers who obtain vaccine via federal contract, the CDC Immunization Grant Guidance defines this as (1) date printed on the appropriate "Vaccine Information Statement(s)" and (2) date the "Vaccine Information Statement(s)" was given to the vaccine recipient, parent, or legal representative.

The record card or log sheet must include as a minimum the following information:

- i. patient name
- ii. address
- iii. date of birth
- iv. age at time of immunization
- v. type of vaccine(s) given
- vi. clinic identification
- vii. date of immunization
- viii. site of immunization
- ix. name and title of person administering the vaccine (e.g., S. Smith, R.N.)
- x. vaccine manufacturer
- xi. vaccine lot number
- xii. *signature of patient or parent/guardian authorizing immunization (optional)*
- xiii. *date of signature (optional)*
- xiv. date(s) printed on the "Vaccine Information Statements" provided to the patient or parent/guardian

EXHIBIT A
Scope of Work

NO ALTERATION, VARIATIONS OR ADDITIONS TO THE VACCINE INFORMATION STATEMENTS OR VACCINE AGREEMENT MAY BE MADE WITHOUT THE PRIOR WRITTEN APPROVAL OF THE CHIEF OF THE IMMUNIZATION BRANCH OF THE CALIFORNIA DEPARTMENT OF HEALTH SERVICES.

- c. The authorized immunization patient record or authorized clinic log sheets must be stored by the local health department in a retrievable file for a minimum of 10 years following the end of the calendar year in which the statement was provided to the vaccine recipient, parent, or legal representative. In addition, if a notice of a claim or lawsuit has been made, the record must be retained until after a final disposition has been made.
- d. In the case of a school-based program or other programs where the "Vaccine Information Statement(s)" are to be read in advance of the immunization by the patient or parent/guardian or other authorized person who will not be present at the site where the immunizations are to be given, procedures shall be established and made known for answering questions by telephone.
- e. Outside non-profit providers of immunization services must sign the State provided "Outside Provider Agreement for Receipt of State-Supplied Vaccines" terms prepared by the State Immunization Branch before they may receive State purchased vaccine. Medical providers of immunization services who sign the agreement must agree to use the "Vaccine Information Statements" and must be provided as many copies of the statements as vaccine doses distributed, or at least one camera-ready copy of each vaccine statement. The "Outside Provider Agreement..." and the use of the "Vaccine Information Statements" are required in clinic settings even if the clinics are supervised by a physician in attendance. The "Outside Provider Agreement..." shall be signed annually by non-health department medical providers and retained by the local health department for a minimum of ten years following the last calendar year in which the State Immunization Branch purchased vaccine was provided.
- f. No charge may be made to the patient, parent, guardian or third party payer for the cost of State purchased vaccine provided to local health departments by the Immunization Branch. In addition, outside, non-profit providers of immunization services receiving State purchased vaccine may not charge patients or parents for the cost of vaccine. Charges made by local health departments for the direct costs incurred for administration or injection of the vaccine are discouraged but are not specifically prohibited. Should the health department or outside medical provider receiving state vaccine establish an administration fee for an injection of vaccine, information, e.g. sign/poster, must be prominently displayed which indicates that no one receiving an immunization in a public clinic may be denied vaccine provided through public funds for failure to pay the administration fee or failure to make a donation to the provider.
- g. Local health departments and other private and public providers utilizing State purchased vaccine must report quarterly the vaccine doses administered, by vaccine type and age group of patient, and dose in series (for multiple-dose vaccines) in a format provided by the Immunization Branch. Reports should be submitted to the Immunization Branch by the third day of the following month.
- h. Each quarter, the local health department must report a current vaccine inventory including all sites within the county or local jurisdiction. The Immunization Branch will supply the reporting forms. All local health departments are to notify their Immunization Branch Field Representative of any vaccine which is unlikely to be used not later than three months prior to its date of expiration.
- i. The local health department agrees to ensure that the storage and handling of State purchased vaccine within its facilities is in accordance with the manufacturers' specifications. The local health department also agrees to inform other providers who receive Immunization Branch purchased vaccine of the manufacturers' specification for vaccine storage and handling.

EXHIBIT A
Scope of Work

C. Specific Perinatal Hepatitis B Activities (only for contractors receiving federal perinatal hepatitis B funds):

- 1) Laboratory Reporting – The contractor Agrees to the following:
 - a. Within the health jurisdiction, the Contractor identifies all public and private laboratories performing HBsAg serologic tests.
 - b. A listing of laboratories performing HBsAg tests in the health jurisdiction is maintained and routinely updated.
 - c. Identified laboratories are notified that positive HBsAg tests of females ages 10 - 44 are to be reported biweekly to the local health department.
 - d. Delinquent laboratories not reporting HBsAg tests are contacted and informed of reporting requirements.
- 2) Case Management of Identified HBsAg Pregnant Women – The Contractor Agrees to the Following:
 - a. A Case Management Report is initiated on all pregnant women (public and private sector) with positive HBsAg laboratory test results of pregnant women.
 - b. From the reported positive HBsAg, the medical provider (obstetrician, family M.D., midwife, etc.) who requested the HBsAg test is contacted by the Contractor to determine the following:
 - i. The expected date of delivery of the infant.
 - ii. Hospitals where delivery is planned.
 - iii. Have arrangements been made with pediatrician or family physician to ensure the newborn receives HBIG and the 1st dose of hepatitis B vaccine in the hospital?
 - iv. Status of household contacts is or will be determined, i.e., screening and immunization of susceptibles.
 - v. Does female/family income status permit Medi-Cal or other third party reimbursement for the HBsAg screening test, infant HBIG dose, and subsequent hepatitis B immunizations?
 - vi. Does the medical provider request or grant permission to the local health department to case manage the positive female, infant, and household contacts?
- 3) Follow-up and Immunization of Infants and Susceptible Household Contacts – The Contractor Agrees to the following:
 - a. Infants born to HBsAg positive women receive HBIG and 1st dose of hepatitis B vaccine within 12 hours after birth or before discharge from the hospital. Subsequently, the infants receive the 2nd and 3rd doses in accordance with United States Public Health Service Immunization Practices Advisory Committee (ACIP) schedule.
 - b. Household contacts are screened and the susceptibles identified receive the three dose regimen of hepatitis B vaccine in accordance with the ACIP schedule.
 - c. For public sector women, during the follow up of the mother, infant, and contacts, the medical provider(s) is instructed to submit claim(s) for reimbursement of tests and vaccine for recipients eligible for the State Medi-Cal Program or other third party payment.
- 4) Laboratory Screening – The Contractor Agrees to the following:
 - a. The Contractor will make efforts to ensure that laboratory screening for HBsAg and core anti-body (anti-HBc) is reimbursed by Medi-Cal or other third party payers.

EXHIBIT A
Scope of Work

- b. The Contractor will offer or provide the means for public HBsAg and core anti-body (anti-HBc) tests for pregnant women and household contacts who are not determined to be eligible for Medi-Cal or other third party reimbursement.

5) Information and Education – The Contractor Agrees to the following:

a. Professional

- i. Appropriate physicians and hospitals will be provided information emphasizing California State Law requires prenatal HBsAg screening for all pregnant women.
- ii. All obstetric hospitals will be informed of the need for a hospital policy to ensure the HBIG and 1st dose of hepatitis B vaccine are provided within 12 hours of birth to the infants at risk born: (i) to women known to be HBsAg-positive; and (ii) to women at high-risk of HBsAg positivity but for whom an HBsAg test result cannot be obtained within 12 hours after birth.
- iii. Health professionals will be informed of the need to provide disease and vaccination information to the contractor for case management and tracking purposes.
- iv. Registered midwives and non-hospital birthing centers will be provided information for referral of pregnant women with positive HBsAg tests to the local health department for follow-up.
- v. Laboratories, including public health, hospital, and private, which conduct hepatitis B screening tests will be provided information which explains the requirement that all positive tests of women are reported to the local health department.

b. General Public

- i. Pregnant women who have been identified as hepatitis B carriers will be provided with (i) specific information addressing prevention of transmission to infants and household contacts; and (ii) information about seeking regular health care for themselves relative to their carrier status.
- ii. Organizations, associations, and media serving high risk populations will be provided hepatitis B prevention information for their members and/or audience.
- iii. Household contacts identified as hepatitis B carriers will be provided information about what the infection means for their health as well as addressing prevention or transmission.

D. Required Reports

1) Reports of Local Program Progress and Activities

In accordance with the guidelines and format provided by the Immunization Branch, the Contractor shall submit, **through his/her Immunization Branch District Field Representative**, to the Branch identified in paragraph 5 within D. Required Reports, by the 15th of the month following the end of each quarter, a written quarterly report of progress and activities. In addition to the written report the Contractor and Project Liaison, or his designee, may meet and discuss the above matters in person.

- 2) Upon completion of the investigation of each probable or confirmed measles case, a completed investigation form must be submitted to the Immunization Branch.
- 3) Contractor agrees that itemized personnel positions listed in the Application for Immunization Project Subvention Funds shall not be subject to Contractor's personnel policy decisions to refrain from filling vacant positions.
- 4) The Contractor shall submit **through his/her Immunization Branch District Field Representative**, to the Branch identified in paragraph 5 within D. Required Reports, on or before the 3rd of the month following the report month, a written Monthly Vaccine Usage Report in the form prescribed by the State Department of Health Services, Immunization Branch.

EXHIBIT A
Scope of Work

- 5) All reports, other than those required to be directed to the District Field Representatives, invoices, and other written communications are to be addressed and delivered to the State Department of Health Services, Immunizations Branch, 2151 Berkeley Way, Berkeley, California 94704.
- 6) The State reserves the right to use and reproduce all reports and data produced and delivered pursuant to this Contract and reserves the right to authorize others to use or reproduce such materials, provided that the confidentiality of patient information and records are protected pursuant to California State laws and regulations.
- 7) It is agreed by the Contractor that in the event that a significant portion of the Contract objectives for the initial four months of the Contract are not met by that time; and in the event that the State determines from quarterly invoices, performance reports, and other sources of information that the Contractor will not perform the total quantity of services contracted for; and that therefore, the total budget allocation will not be depleted; the State and/or Contractor may make an equitable adjustment in the original Contract budget and Contract objectives in order to decrease the total quantity of services and commensurate Contract amount. Any adjustment shall be by amendment only and duly executed by both parties and approved by the Department of General Services (if applicable).

2) ALLOWABLE INFORMAL SCOPE OF WORK CHANGES

- A. The Contractor or the State may propose informal changes or revisions to the activities, tasks, deliverables and/or performance time frames specified in the Scope of Work, provided such changes do not alter the overall goals and basic purpose of the agreement.
- B. Informal SOW changes may include the substitution of specified activities or tasks; the alteration or substitution of agreement deliverables and modifications to anticipated completion/target dates.
- C. Informal SOW changes processed hereunder, shall not require a formal agreement amendment, provided the Contractor's annual budget does not increase or decrease as a result of the informal SOW change.
- D. Unless otherwise stipulated in this contract, all informal SOW changes and revisions are subject to prior written approval by the State.
- E. In implementing this provision, the State may provide a format for the Contractor's use to request informal SOW changes. If no format is provided by the State, the Contractor may devise its own format for this purpose.

Exhibit B
Budget

Application for Immunization Subvention Contract Funds

<p>1. Applicants Name San Bernardino County Department of Public Health Organizational Unit</p> <p>Immunization Program Street Address-PO Box 799 East Rialto Ave. San Bernardino, CA 92415-0011</p> <p>City County Zip Code</p>	<p>2. Director of Project</p> <p>Name <u>Thomas J. Prendergast, Jr. MD, MPH</u></p> <p>Title <u>Health Officer, San Bernardino County</u></p> <p>Degree <u>MD, MPH</u></p> <p>Telephone # <u>(909) 387-6219</u></p> <p>FAX # <u>(909)387-6228</u></p>
<p>3. Budget Period</p> <p>From: <u>July 1, 2003</u> To: <u>June 30, 2004</u></p>	<p>4. Type of Application</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Continuation</p> <p><input type="checkbox"/> Supplement <input type="checkbox"/> Revision</p>
<p>5. Amount Requested</p> <p>\$ <u>635,546</u></p>	<p>6. Financial Management Official:</p> <p>Name <u>James Felten, MPA</u></p> <p>Title <u>Public Health Programs Administrator</u></p> <p>Address <u>351 N. Mt View Ave.</u> <u>San Bernardino, CA 92415-0010</u></p> <p>Phone <u>(909) 387-6222</u></p>

EXHIBIT B
BUDGET
PAGE 1 OF 3 pages

FUNDING APPLICATION FOR IMMUNIZATION SUBVENTION CONTRACT FUNDS

Applicant : San Bernardino County

Budget Period From: 7/1/2003 to 6/30/2004

DETAILED LINE ITEM BUDGET FOR THIS PROJECT

I. Personnel Services	% of time or hours on project	Monthly salary range or hourly rate	Dollars required from California
Clerk II 80% collaborative	100%	\$2903 to 2307 per month	\$27,684
Clerk II	50%	\$2903 to 2307 per month	\$13,842
Public Information Clerk	50%	\$1806 to 2307 per month	\$13,842
Health Services Assistant I	100%	\$1850 to 2366 per month	\$28,392
Health Services Assistant I	100%	\$1850 to 2366 per month	\$28,392
Health Services Assistant I	50%	\$1850 to 2366 per month	\$14,196
Health Services Assistant I	50%	\$1850 to 2366 per month	\$14,196
Sup. Health Services Asst.	50%	\$2144 to 2735 per month	\$16,410
Registered Nurse II	100%	\$3492 to 4456 per month	\$53,472
Registered Nurse II	50%	\$3492 to 4456 per month	\$26,736
RN II 10% collaborative	50%	\$3492 to 4456 per month	\$26,736
HE Specialist I 70% collaborative	100%	\$3017 to 3849 per month	\$45,840
HE Specialist I 40% collaborative	40%	\$3017 to 3849 per month	\$18,336
HE Specialist II 25% collaborative	50%	\$3246 to 4141 per month	\$24,606
Public Health Clinic Supervisor	45%	\$3850 to 4914 per month	\$24,178
PH Prog. Cdrtr	10%	\$4567 to 5834 per month	\$5,867
PH Prg Mngr 10% Collaborative	10%	\$4391 to 6504 per month	\$7,001
\$90,221 Collaborative			\$389,726
VFC Site Visits	15 visits	At \$400 per visit	\$6,000
Total Salaries & Wages*			\$389,726
*Excludes VFC visits			
II. Fringe Benefits @ 31.73%			\$123,660
\$28,627 Collaborative			
TOTAL PERSONNEL SERVICES + FRINGE BENEFITS			\$519,386
\$118,848 Collaborative			

FUNDING APPLICATION FOR IMMUNIZATION SUBVENTION CONTRACT FUNDS

Applicant : San Bernardino County

Budget Period From: 7/1/2003 - 6/30/2004

DETAILED LINE ITEM BUDGET FOR THIS PROJECT

III. Operating Expenses	Required from California
1) Office supplies (\$3,901 Collaborative)	\$21,458
2) Clinic supplies (\$500 Collaborative)	\$18,000
3) Health education materials (\$5,000 Collaborative)	\$7,500
4) Printing (\$1,000 Collaborative)	\$4,000
5) Other (telecommunications & postage) (\$2,000 Collaborative)	\$15,000
IV. Equipment Expenses (unit (s) which cost more than \$5,000)	
V. Travel & Per Diem Expenses	
1) In-state travel (\$1,249 Collaborative)	\$2,700
2) Out-of-state travel	\$2,500
TOTAL Operating Exp. + Equipment + Travel & Per Diem (\$13,650 Collaborative)	\$71,158
VI. Subcontracts (description(s) on Exhibit B, Subcontract page(s) (\$42,502 Collaborative) 5% Administrative Fee per Community Health Center (CHC) subcontract(s) Not to Exceed \$1,000 per CHC subcontract	\$42,502
TOTAL VI. SUBCONTRACTS AND ADMIN FEE	\$42,502
OTHER - Laboratory Hepatitis B Fee	\$2,500.00
TOTAL BUDGET = <u>Personnel Costs+Fringe Benefits+Operating Exp.</u> (\$175,000 Collaborative) <u>+Equipment+Travel+ Subcontracts +Other</u>	\$635,546

APPLICATION FOR IMMUNIZATION SUBVENTION CONTRACT FUNDS

VI. Subcontracts

Budget Period From: July 1, 2003 to June 30, 2004

Name of Subcontractor: St Mary Regional Medical Center
 Name of Consulting Firm: _____
 Contact Person: Laurie Roberts
 Address: P.O. Box 7025
 City, State, & Zip Code: Apple Valley, CA 92307-0725
 Telephone #: (760) 242-2311 ext. 8231
 Federal Tax I.D. Number: 95-1914489

I. Personnel Services (List positions)	% of Time or Number of Hours	Salary Range or Hourly Rate	Dollar Amount Requested from California
LVN	70%	\$11.23 to \$16.18	\$20,798
Van Driver/Clerk	75%	\$8.50 to \$10.62	\$14,040
Personnel Services Subtotal			\$34,838
Fringe Benefit Rate @22%			\$7,664
Personnel Services subtotal			\$42,502

II. Operating Expenses

Supplies _____
 Health Education Materials _____
 Travel _____
 Equipment _____
 (unit (s) which cost
 more than \$5,000)

Operating Expenses subtotal

Subcontract Total = (I. Per. Services + II. Operating Expen.)

\$42,502.00

Note: A written justification of the above positions and operating expenses is
 required on attached Exhibit C - Budget Justification.

APPLICATION FOR IMMUNIZATION PROJECT SUBVENTION CONTRACT FUNDS
SHORT SUMMARY OF PROJECT (Not to exceed 200 words)

The San Bernardino County Public Health Immunization Program under the direction of Thomas J. Prendergast, Jr. MD, MPH, Director of Public Health, will focus immunization activities under these funds to offer immunizations to the population of under-immunized infants and toddlers, children less than three years of age, pre-school and school age children and those infants determined to be at risk for perinatal transmission of hepatitis B and their contacts. In addition to these efforts staff will work with private immunization providers in the county to improve pediatric immunization standards of practice within their immunization efforts. Also efforts will continue with a collaborative effort with the Bright Futures program at St. Mary Regional Medical Center. This collaborative project will target specific under-served infant/toddler populations in remote and low-income areas of San Bernardino County through the partnership with a mobile van service.

Children under the age of three whom are not up-to-date with their immunizations, and kindergartens reporting immunization levels under 98% at assessment will constitute priority targets. Additional priority areas will include reports of less than 90% of infants of identified pregnant hepatitis B carriers receiving HBIG, and the less than 75% of these infants completing the hepatitis B series as well as less than 70% of their contacts completing the hepatitis B immunization series.

Promotion of walk in immunization clinics will be directed especially toward communities identified as having low immunization levels. Some of these communities will be determined through the use of the local registry, the Inland Empire Immunization Tracking System (IEITS). Project staff will coordinate countywide program efforts with collaborative partners and immunization coalition members. Existing linkages will be used to promote immunization, reminder and recall activities, review immunization records and make appropriate referrals. Staff will extend the reach of activities through training so health care providers, day care and pre-school staffs. Staff will run campaigns targeting parents of newborns, toddlers and adolescents. County staff will conduct fifteen provider reviews.

Surveillance of vaccine preventable disease will continue as a priority with an investigation with 24 hours of report and timely application of defined outbreak control procedures. Immunization staff will continue case investigation and case management follow up of prenatal hepatitis B cases.

Approximately 75% of immunizations provided in San Bernardino County are done in the private sector. The private sector includes a variety of organizations from large to small. Collaborative activities will include plans to review and improve immunization services in the private sector. This is a continuation of activities Public Health Staff have conducted for four years. It includes review, assessment and improvement in private practice. It also includes large and small group trainings in areas of immunization practice and will add training for MAs as the primary administrators of immunizations in practices.

Name of Project Director:

Thomas J. Prendergast, Jr. MD, MPH
Health Office, San Bernardino County

Name and Address of Applicant Including Organizational
Unit Responsible for Project Activity:

San Bernardino County Department of Public Health—Immunization Program
799 East Rialto Ave., San Bernardino, CA 92415-0011

**APPLICATION FOR IMMUNIZATION PROJECT SUBVENTION
CONTRACT FUNDS
BUDGET JUSTIFICATION**

(Please provide written justifications for all positions and operating expenses requested on Exhibit B Budget. If additional space is required, attach additional pages.)

I. PERSONNEL SERVICES
Personnel Services

Clerk – The clerk positions will be used to mail pediatric immunization and perinatal hepatitis B materials, maintain vaccine inventory control activities through data entry and record maintenance, type correspondence and educational materials relating to pediatric, IAP, and hepatitis B activities, maintain files and correspondence, enter data on Immunization registry, respond to public queries on immunizations, conduct mailings to private immunization providers and support Health Educators in promotional activities. The collaborative clerk position will coordinate mailings to providers about training opportunities, new immunization issues and material distribution; maintain control over distribution of materials to providers, correspondence, handle phone inquiries, report preparation and file maintenance of provider reports. Handle appointment questions and registration for large seminars.

1 position at \$27,684, 2 positions at \$13,842

(80% of one clerk's time will be dedicated to collaborative activities @ \$22,147)

Health Services Assistant — The health services assistant positions will screen and assist patients during clinics, review immunization records and make appropriate referrals, assist in clinic record assessment, conduct school assessments, assist schools with appropriate assessment follow-up, audit immunization records as an adjunct of outbreak control as well as follow up to the school and child care assessments, maintain manual patient reminder/recall system, enter data on immunization registry, provide translation services and perform other duties as required.

2 positions at \$28,392, 2 positions at \$14,196

Supervising Health Services Assistant – The supervising health services assistant position will supervise patient screening activities, train staff to conduct screenings, find sources for appropriate referrals, conduct and review all school assessment activities including reports, supervise work of health services assistants, monitor schools and child care for appropriate assessment follow up, adult immunization records as an adjunct to outbreak control, organize school and child care assessment activities in conjunction with Program Coordinator and Clinic Supervisor, provide translation services and perform other duties as required.

1 position at \$16,410

Nurse – The nurse positions will administer immunizations at clinics, coordinate clinics, complete health histories and health assessments, manage immunization inventories, provide case management services including reviewing patient records for prenatal hepatitis B program, conduct inservices on immunization issues for school, medical and volunteer personnel and perform other duties as required. For collaborative activities the nurse will conduct trainings for

**APPLICATION FOR IMMUNIZATION PROJECT SUBVENTION
CONTRACT FUNDS
BUDGET JUSTIFICATION**

Medical Assistants (MAs), consult with provider offices on injection techniques, offer suggestions on clinic organization and vaccine management.

1 position at \$53,472, two positions at \$26,736

(10% of one nurse will be dedicated to collaborative efforts @ \$5,347)

Health Education Specialist I – The Health Education Specialist I (HES I) positions will coordinate outreach and educational activities including media campaigns, develop and review material, conduct provider outreach and other information and outreach activities and other duties as required. For collaborative activities the specialist will conduct reviews in provider offices, make recommendations for practice changes, offer in office training, schedule and follow up with providers with deficiencies, identify providers needing review, contact providers, train provider groups, conduct monthly CHDP immunization trainings, identify, adapt, create or obtain training materials, organize trainings, train trainers on immunization issues, identify new training needs and groups.

1 position at \$45,840 and 1 position at \$18,336

(70% of one HES I will be dedicated to collaborative activities @ \$32,088 and 40% of one HES I will be dedicated to collaborative activities @ \$18,336)

Health Education Specialist II - The Health Education Specialist II (HES II) position will oversee provider assessments, conduct population immunization assessments and surveys, prepare reports, coordinate with the immunization registry, identify partners for large education campaigns, implement publicity for community activities, organize large provider trainings, organize the coalition and interaction with collaborative partners, and offer technical support to collaborative partners, HES II will staff the immunization coalition. For collaborative activities HES II will supervise the work of the reviewers, set priorities for reviews, organize large immunization seminars, work with Health Plans to arrange seminars and identify additional providers for review, work with collaborative partners to enhance immunization activities in their programs, arrange for speakers and trainers for all trainings, coordinate development of provider data queries to determine up-to-date rates from IEITS.

1 position at \$24,606

(25% of the Health Education Specialist II will be dedicated to collaborative activities @ \$12,303)

Public Health Clinic Supervisor --The clinic supervisor position will coordinate IAP clinical activities including scheduling of clinics and staff, initiating new clinics, overseeing vaccine management, providing inservice and trainings, writing protocols, organizing assessment activities, preparing reports, overseeing case management activities, providing immunizations and other duties as required.

1 position at \$24,178

**APPLICATION FOR IMMUNIZATION PROJECT SUBVENTION
CONTRACT FUNDS
BUDGET JUSTIFICATION**

Public Health Program Coordinator – The Coordinator position will oversee all IAP activities including clinic services, assessments, vaccine management, contract management, coordinate with community partners, prepare reports and coordinate with the local immunization registry.

1 position at \$5,867

Public Health Program Manager – The Program Manager position will coordinate program activities, negotiate with Health Plans for collaborative efforts, set immunization policies, negotiate formal agreements and oversee budgets.

1 position at \$7,001

VFC Site Visits-VFC visits will be conducted at 15 provider offices in San Bernardino County.

\$6,000

Personnel Cost Subtotal	\$389,726
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Fringe Benefits @ 23.5% =	\$123,660
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Personnel Subtotal (without VFC visits)	\$513,386
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TOTAL PERSONNEL SERVICES + FRINGE BENEFITS	\$519,386
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II. OPERATING EXPENSES

Office Supplies -- Office supplies will include materials for mailings, reminder/recall activities, correspondence, pens, pencils, paper, and envelopes. Minor computer supplies such as software, disks, cables, computer supplies, printer cartridges, paper, mailing supplies, laptop computers, printer cartridges, software, and mailing supplies.

Collaborative --\$3,901

Total \$21,458

Clinic Supplies – Clinic supplies such as syringes, sharps containers, alcohol, bandaids, and emergency kits to be used for clinics and in training sessions.

Collaborative--\$500

Total \$12,000

Health Education Materials – Health education materials will include published materials for provider education, training sessions, and incentive items as rewards for provider offices, incentive items for clients and their parents, publicity materials for clinic promotion, certificates and trainings.

Collaborative--\$5,000

Total \$7,500

**APPLICATION FOR IMMUNIZATION PROJECT SUBVENTION
CONTRACT FUNDS
BUDGET JUSTIFICATION**

Printing - Printing costs will include reproduction costs for training materials, inservice materials, provider education materials, clinic materials, publicity materials to promote immunization events, clinics, and trainings.

Collaborative--\$1,000

Total \$4,000

Other Expenses (telecommunications and postage) -This would cover costs for mailing out reminder/recall cards for older clients, phone costs for follow up of children, and case management, mailing costs for immunization activities, provider assessments, and promotion of trainings.

Collaborative--\$2,000

Total \$15,000

Equipment Expenses (unit(s) which cost more than \$5,000)

Total \$0

Travel & Per Diem Expenses - In state travel will include transportation to and from clinic sites, school sites for assessments, home visit travel and special immunization campaign needs, seminars, travel to provider offices for reviews, for training sessions and meetings. Out of state travel will include air fare and hotel cost to travel to immunization conferences and meetings.

Collaborative--\$1,249

Total \$5,200

OPERATING EXPENSES/EQUIPMENT/TRAVEL TOTAL

Total \$65,158

Collaborative--\$13,650

Laboratory Hepatitis B Fee -Laboratory screening for hepatitis B surface antigen and core antibody for PHPP clients, their household and other contacts not eligible for Medi-Cal or other third party reimbursement.

Total \$2,500

III. SUBCONTRACTS

A. St. Mary Regional Medical Center

1. Personnel Services

LVN - The LVN position will administer vaccinations, screen for immunizations, order vaccine, prepare vaccine inventory report, data collection, report immunizations and teach patients and families for services provided via the mobile medical van. Identify children attending the mobile van who need follow up or case management for further immunization services. LVN will train other staff on new immunization requirements and schedule changes.

1 position at \$20,798

**APPLICATION FOR IMMUNIZATION PROJECT SUBVENTION
CONTRACT FUNDS
BUDGET JUSTIFICATION**

Driver/Clerk – The clerk/van driver position will drive the mobile medical van equipped with freezer and refrigerator for vaccine storage. Clerk/van driver will assist in screening children for immunizations, and obtain authorization from parents. Clerk/van driver will enter vaccine administration data into the IEITS.

1 position at \$14,040

Personnel Cost Subtotal	\$34,838
Staff Benefits @22% =	\$7,664
Personnel Costs	\$42,502
TOTAL Operating Exp. + Equipment + Travel & Per Diem	\$42,502

WORK PLAN
SAN BERNARDINO COUNTY DEPARTMENT OF PUBLIC HEALTH
PRIVATE PROVIDER IMPROVEMENT PLAN

GOAL:

By June 30, 2004 San Bernardino County's Department of Public Health will progress on increasing up-to-date rates for children under three years of age served by private immunization providers within San Bernardino County.

I. OBJECTIVES:

By June 30, 2004 Department of Public Health Immunization staff in conjunction with the CHDP program will recruit, assess, train at least 10 private provider offices per quarter to measurably improve immunization practices and up-to-date rates.

By June 30, 2004 Department of Public Health in conjunction with the Medi-Cal Managed Care Plans in the jurisdiction and the CHDP Program will reach at least 250 immunization providers with immunization training efforts.

II. ACTIVITIES:

1. Identify 50 potential providers for review with a preference on CHDP providers. Referral sources would include, CHDP liaison nurses, Medi-Cal managed care organizations, and other providers attending trainings. If sufficient CHDP providers are not available VFC only providers will be added to the potential review list.
2. All IEITS providers with at least 50 children two to three years old in the IEITS will receive a quarterly review of their clients up-to-date rates in the IEITS.
3. Identify 10 providers per quarter for CASA review of their two to three years old children. A minimum of 50 records per provider will be reviewed depending on practice size. If the provider is an IEITS provider the initial sample will be derived from IEITS records with supplemental chart reviews as required to complete records. In non-pediatric providers with minimal charts within the age range reviewers may do a mini-CASA from the records available.
4. Utilize CASA data and elements derived from a review of office practices to create a single report for the provider staff.

Use the VFC report forms to create a standard report for all providers.

5. Identify potential problem areas for provider emphasizing reminder/recall, recordkeeping, charting, and office policies, which may contribute to low up-to-date rates.
 6. Generate standard CASA reports for providers outlining up-to-date rates for their practice.
 7. Utilizing data from the IEITS and using the HEDIS criteria develop a provider report for those providers with clients primarily outside of the pediatric age ranges to assess their up-to-date rates in light of the age of their clientele. For IEITS providers produce these reports from their IEITS data prior to the office visit.
 8. Meet immediately with each provider and/or their staff to offer practical interventions for practice improvements.
 9. Offer a model reminder/recall system using both IEITS and manual methods to encourage client return.
 10. Train staff on the areas which need greatest intervention immediately after the review is complete.
 11. For all providers with an up-to-date rate for two to three year old children of less than 60% schedule a return date within two to four months for a follow-up CASA or mini-CASA review of children seen since the prior visit.
 12. For providers not showing an improvement in immunization rates after follow-up visit, schedule an in-office training for all staff including reminder/recall, raising staff awareness of immunizations for all children presenting and ideal pediatric immunization practices.
 13. For providers not showing an improvement after two visits, or with gross or dangerous deficiencies schedule with CHDP or state VFC staff to do a comprehensive CHDP or VFC review.
 14. Distribute information through CHDP newsletters or an immunization newsletter on both best practices and provider highlights to recognize excellent provider practices in San Bernardino County.
-

15. Offer regular immunization training with all new CHDP providers and their staff on a monthly basis.
16. Schedule and promote satellite trainings on immunization or vaccine preventable disease related issues at least three times a year.
17. Organize and offer a yearly seminar in two geographic areas of the county immunization related issues for all San Bernardino County immunization providers.
18. Organize and offer four trainings for MAs through the two Medi-Cal managed plans in San Bernardino County and independently. Rotate trainings through various county areas. Work with the California Immunization Branch staff to implement these trainings.
19. Outreach to immunization companies for sponsorship of physician trainings on immunization issues which include information on the availability of reviews.